

First Parent:
 Name: _____ Birthdate: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone #: _____ Social Security #: _____
 Company/Employer Name: _____
 Work Phone#: _____
 Second work #: _____ Cell #: _____

Second Parent:
 Name: _____ Birthdate: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone #: _____ Social Security #: _____
 Company/Employer Name: _____
 Work Phone#: _____
 Second work #: _____ Cell #: _____

CENTER USE ONLY

APP FEE DATE: _____
 STAFF INITIALS: _____
 ADMISSION DATE: _____
 ROOM: _____
 SCHEDULE: _____
 COMMENTS: _____

Child:
 Name: _____ Birthdate: _____
 Address: _____ City: _____ State: _____
 Home Phone #: _____ Social Security #: _____

Sex: Male Female Ethnicity: Hispanic or Latino Non-Hispanic
 Race: White Black/African Amer. Amer. Indian or Alaskan Native
 Asian Native Hawaiian or Other Pacific Islander

What language is spoken in your home? English Other (Specify) _____

Schedule:

	IN	OUT
M	_____	_____
T	_____	_____
W	_____	_____
Th	_____	_____
F	_____	_____

Emergency Contact/ Authorized Pick-up People:
 Name: _____
 Address: _____
 Phone #: _____ Second Phone #: _____ Relationship to child: _____
 Emergency Contact: Yes No Authorized to Pick up: Yes No

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 Name: _____
 Address: _____
 Phone #: _____ Second Phone #: _____ Relationship to child: _____
 Emergency Contact: Yes No Authorized to Pick up: Yes No

Emergency Contact/ Authorized Pick-up People:
 Name: _____
 Address: _____
 Phone #: _____ Second Phone #: _____ Relationship to child: _____
 Emergency Contact: Yes No Authorized to Pick up: Yes No

